

- ## Commercial Auto Application

## Policy Period Desired

## Section II - Description of Operations

- ### Section III - Area of Operations

- ## Section IV - Driver Information

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25. Schedule of Drivers (if any additional drivers, attach list)

How are drivers paid? ☐ Per Load ☐ Per Hour ☐ Per Mile ☐ Other(describe) \_\_\_\_\_

26. Advise number of drivers employed over the past 6 mos. \_\_\_\_\_ or over the past 12 months \_\_\_\_\_

Drivers Full Name	Date of Birth	Date Employed	Yrs Experience Comm'l Driving on like equipment	Drivers License Number/State
1.				
2.				
3.				
4.				

Driver	Description of Violations and Accidents (Past 3 years)
1.	
2.	
3.	
4.	

### Section V - Schedule of Units

27. Number of vehicles owned: Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailers \_\_\_\_\_ Full Trailers \_\_\_\_\_

28. Number of vehicles leased: Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailers \_\_\_\_\_ Full Trailers \_\_\_\_\_

Do others operate under your authority? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

Number of vehicles operating under your authority: Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_

Semi Trailers \_\_\_\_\_ Full Trailers \_\_\_\_\_

Do you ever lease your authority to others? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

29. Is this insurance to cover all owned, leased and operated vehicles? ☐ Yes ☐ No If no, please explain \_\_\_\_\_

30. Do you hire any equipment? ☐ Yes ☐ No If yes, please explain and give estimated annual cost of hire. \_\_\_\_\_

31. Do you loan or rent any of your equipment to others? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

32. Do you interchange equipment with other carriers? ☐ Yes ☐ No If yes, give details \_\_\_\_\_

33. Is there specialized equipment attached to any unit? i.e., Cranes, Booms, etc. ☐ Yes ☐ No If yes, describe \_\_\_\_\_

If more than one unit insured, describe which unit is specially equipped. \_\_\_\_\_

34. Schedule of units:

Unit No.	Model Year	Trade Name	Tractor, Truck, Semi Trailer etc	Body Type* Structure Type**	Cargo Hauled	Model and Vin Number	Max GVW/Max GCW
1.							
2.							
3.							
4.							
5.							

\*Body type i.e., Belly Dump, Side Dump, Tanker, Lowboy, Reefer, Drop Deck, Rollback, Packer Etc.

\*\*Structure type i.e., Stainless steel, Metal, Fiberglass, etc.

Unit No.	Principal Location of Garaging	Maximum Radius of Operations
1.		
2.		
3.		
4.		
5.		

## Section VI - Safety and Maintenance

35. Is there a formal safety program in effect? ☐ Yes ☐ No If yes, give details and/or attach copy of your safety program \_\_\_\_\_
36. Explain your maintenance program., i.e., How often is maintenance done and by whom? \_\_\_\_\_
37. What criteria do you have in place for acceptability of drivers? \_\_\_\_\_
38. Describe your accident reporting procedures: \_\_\_\_\_
39. Are periodic reviews of all drivers conducted? ☐ Yes ☐ No If yes, how often? \_\_\_\_\_
40. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record? ☐ Yes ☐ No  
If Yes, explain. \_\_\_\_\_
41. Do you have a safety incentive program? ☐ Yes ☐ No If yes, describe and/or attach a copy of your program. \_\_\_\_\_
42. Is there safety equipment attached to any unit? i.e., Anti theft devices, tarps, back up alarms etc., (Be specific) \_\_\_\_\_  
Are your trailers retrofitted with Reflective tape or Reflectors? ☐ Yes ☐ No

## Section VII - Filing Information

For prompt and accurate filing, complete information must be given including name, address and Docket No. EXACTLY as authority exists. Use separate sheet if necessary. Failure to provide accurate information will result in delays and suspensions.

43. Do you hold an I.C.C. permit? ☐ Yes ☐ No If yes, Docket Number \_\_\_\_\_ Please attach a copy of your completed RS form.
44. Do you hold a DOT registration? ☐ Yes ☐ No If yes, DOT number \_\_\_\_\_
45. State filings required? ☐ Yes ☐ No If yes show states and permit numbers \_\_\_\_\_
46. Do you hold broker authority? ☐ Yes ☐ No
47. Is any special filing required such as oversize, overweight, city or hazardous permit? ☐ Yes ☐ No If yes, give details \_\_\_\_\_

## Section VIII - Previous Insurance and Loss Experience

### THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

Policy Year	Insurance Carrier	Policy #	Number of Accidents	Total Amount of Claims Paid		Total Amount of Unsettled Claims (reserves)	
				Bodily Injury	Property Damage	Bodily Injury	Property Damage
From _____ To _____							
From _____ To _____							
From _____ To _____							
				Paid Losses on Fire, Lightning, Explosion	Paid Losses on Theft/Vandalism	Paid Losses on Collision	Paid Losses on Windstorm, Hail, Flood etc
From _____ To _____							
From _____ To _____							
From _____ To _____							

\*\*\*\*FOR FLEETS CONSISTING OF 5 POWER UNITS OR MORE – HARD COPY LOSS RUNS ARE REQUIRED\*\*\*\*

**Section IX - Coverage and Limits Requested****48. Liability Limits**

- A. Combined Single Limit: \$ \_\_\_\_\_
- B. Split Limits:
- |                 |          |               |
|-----------------|----------|---------------|
| Bodily Injury   | \$ _____ | each person   |
|                 | \$ _____ | each accident |
| Property Damage | \$ _____ | each accident |

**C. Liability Deductibles**

- Bodily Injury only \$ \_\_\_\_\_
- Property Damage only \$ \_\_\_\_\_
- Bodily Injury and Property Damage \$ \_\_\_\_\_
- Bodily Injury and Property Damage applied separately \$ \_\_\_\_\_

49. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements, check state statutes) ☐ Yes ☐ No  
 If yes, limit desired \$ \_\_\_\_\_ If required by state, please complete, sign and attach proper form for selection or rejection of this coverage.

50. Do you desire Personal Injury Protection coverage? (for requirements, check state statutes) ☐ Yes ☐ No  
 If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

51. Do you desire Medical Payments Coverage? ☐ Yes ☐ No If yes, advise limit \$ \_\_\_\_\_

52. Do you desire Hired and/or Non Owned Coverage? ☐ Yes ☐ No If yes, please complete Supplemental forms AU 1129 and AU 1130.

**53. Physical Damage Coverages and deductible selection**

Unit Description	Stated Amount	Collision Deductible	Other than Collision Deductible		Single Deductible Per Occurrence
			Specified Causes of Loss	Comprehensive	
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

54. Loss Payable Name and Address (advise which unit(s) this applies to) \_\_\_\_\_

55. List any Additional Insureds to be named and advise what their interest is in your operation \_\_\_\_\_

56. List any Person or Organization requesting a Waiver of Subrogation, and advise reason for this request \_\_\_\_\_

**Section X - Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**Agent:**

- Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No
- Did your office control this risk in the past year? ☐ Yes ☐ No

Agent's or Broker's Name (Please print) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Agents Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to civil or criminal penalties.**